

Missouri Division of Behavioral Health

Bulletin Number: FY 16—036	COMMUNITY TREATMENT BULLETIN	Effective Date: June 15, 2016
<i>Revised</i> <i>July 13, 2016</i>	Subject: Community Mental Health Treatment and Offenders with Serious Mental Illness Programs	Number of Pages: 4

1. Programs Affected

- 1.1 Community Mental Health Center Administrative Agents

2. Background and Purpose

- 2.1 This bulletin replaces the following memo dated June 10, 2014: MH3/CMHT Program Clarification - REVISED.
- 2.2 This bulletin provides an overview of the Community Mental Health Treatment (CMHT) and Offenders with Serious Mental Illness (OSMI) programs, as well as billing instructions for each program.
- 2.3 The CMHT program was previously referred to as the MH3 program.
- 2.4 The OSMI program was previously referred to as the MH4 program.

3. Program Structure

- 3.1 CMHT referrals are made from Probation and Parole to an Administrative Agent (AA) of the Division of Behavioral Health.
- 3.2 OSMI referrals are made directly from a Department of Corrections (DOC) institution to an Administrative Agent (AA) of the Division of Behavioral Health.
- 3.3 The target population for the CMHT program is individuals experiencing marked impairment in social or occupational functioning due to a suspected mental illness.
 - 3.3.1 Offenders presenting with substance use issues only are not appropriate referrals; however, offenders with co-occurring mental illness and substance use issues may be referred.
- 3.4 To qualify for the OSMI program, an offender would meet one of the following criteria:
 - Prior MH4 designation;
 - Have a history of involuntary medication; or
 - Have a history of or currently prescribed an anti-psychotic medication.

- 3.4.1 DOC mental health staff may use their own discretion with regard to referring offenders to the OSMI program. Additional criteria may include, but is not limited to: history of violence towards self or others during incarceration or in the community; history of medication nonadherence; history of violent crimes; assaults within the institution; and/or history of suicide attempts.
- 3.4.2 DOC staff will begin the release planning process six (6) months prior to the release date.
- 3.5 Duration and frequency of services will vary based on the assessed clinical needs of the individual. Discharge planning, including coordination of housing and linkage to services, should begin immediately upon receipt of a referral. These services are billable as case management.
- 3.6 The assessment of the individual's progress toward treatment goals should be a joint collaboration between the individual served, treatment team, DOC staff, probation/parole officer, and natural supports, as appropriate.
- 3.7 *CMHT and OSMI referrals that are eligible for admission to the Community Psychiatric Rehabilitation (CPR) Program should be discharged from the CMHT or OSMI service category and enrolled in CPR.* Treatment is then funded through CPR allocations, thereby preserving the limited CMHT/OSMI resources and expanding service opportunities for other referrals.
- 3.8 Services provided to CMHT/OSMI consumers who are **not** eligible for CPR may include any combination of the following:
- Intake/assessment;
 - individual/group counseling;
 - medication management visits;
 - case management; and
 - medications for psychiatric and/or substance use disorders.
- 3.9 The AA may deliver and bill for other clinically appropriate services. There must be a documented need in the individual's treatment plan. The consumer should receive the services they are assessed as needing and be discharged when treatment goals are accomplished.

4. Medicaid Eligibility

- 4.1 All CMHT/OSMI referrals must be screened for potential Medicaid eligibility. It is important that the AA assist consumers in securing benefits as soon as possible.
- 4.2 Once Medicaid eligibility has been approved, the provider should no longer bill the CMHT/OSMI allocation.

5. Other Health Insurance

- 5.1 CMHT/OSMI funds should not be used for referrals on individuals who have health insurance coverage for services provided by the Community Mental Health Center.

6. Billing

- 6.1 Upon delivery of a qualified service for either the CMHT or OSMI programs, the appropriate program (CPS DOC MH3 or CPS DOC MH4 Pre-Release) should be opened in CIMOR.
- 6.2 The following are the procedures for DMH providers to follow for payment of services for consumers in the **DMH DOC CMHT** project:
 - 6.2.1 The provider agency must enroll the consumer in the DMH CIMOR system and assign them to the 'CPS DOC MH3' service category (program). If you are entering online, this program will be on the drop-down list to select on the program assignment screen. If you are batching pre-encounter data to CIMOR, you will send the code 'CPSMH3'.
 - 6.2.2 A base annual allocation will be set up for each provider. Providers should ensure that funding is available throughout the fiscal year and coordinate admissions with local Probation and Parole offices as funding is available.
 - 6.2.3 When services are billed in CIMOR they must be entered under the CPS DOC MH3 service category.
 - 6.2.4 The complete list of billable services for the CMHT program may be located on the DMH website: <http://dmh.mo.gov/mentalillness/>.
 - 6.2.5 Consumers who meet diagnostic and functional criteria for Comprehensive Psychiatric Rehabilitation (CPR) should be enrolled in that program rather than the CMHT program.
 - 6.2.6 All services must be documented according to standard DMH requirements.
- 6.3 The following are the procedures for DMH providers to follow for payment of services for consumers in the **DMH DOC OSMI** project:
 - 6.3.1 There are two parts to the OSMI program:

Pre-Release: Pre-Release activities involve the provider communicating with the DOC mental health staff to gather screening and referral information, case management, and if desired, completing an assessment/evaluation with the consumer via telehealth.

Post-Release: Post-Release activities are treatment and support that occur following release from the DOC institution.

Once the individual has been released from the DOC institution, the CPS DOC MH4 Pre-Release program should be closed in CIMOR and the CPS DOC MH4 Post-Release should be opened.

- 6.3.2 Providers must enroll all OSMI consumers in the DMH CIMOR system and assign them to either the CPS DOC MH4 Pre-Release or CPS DOC MH4 Post-Release service category (program), as appropriate.
- 6.3.3 Allocations are made in CIMOR to DMH Central Office under each respective service category. When services are billed in CIMOR they must be entered under the CPS DOC MH4 Pre-Release or CPS DOC MH4 Post-Release service category (program), as appropriate. CIMOR will determine what allocation to use based on the service category billed.
- 6.3.4 The complete list of billable services for the OSMI Pre-Release program may be located on the DMH website: <http://dmh.mo.gov/mentalillness/>. These CIMOR procedure codes cover the evaluation/assessment and case management services while the person is still at the correctional facility.
- 6.3.5 The OSMI Post-Release program covers the first three (3) months following release from the correctional facility. A complete list of the billable services may be found on the DMH website: <http://dmh.mo.gov/mentalillness/>.
- 6.3.6 Consumers who meet diagnostic and functional criteria for Comprehensive Psychiatric Rehabilitation (CPR) should be enrolled in that program rather than the OSMI Post-Release program.
- 6.3.7 All services must be documented according to standard DMH requirements.